

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/485734** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		2		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		2		1		
11		1		1		
12		1		1		
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TOTAL IND.	2		2			
TOTAL DEP.	18		17			
TOTAL CLAIMS	20		19			

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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